Using Evaluation to Implement
Wraparound and Sustain Fidelity, Part 1:
Fidelity Tools and Resources of the
National Wraparound Initiative

California Wraparound Institute
June 7, 2010

Eric J. Bruns, Univ. of Washington (ebruns@uw.edu)
Janet S. Walker, Portland State University (janetw@pdx.edu)
Co-Directors, National Wraparound Initiative
www.nwi.pdx.edu
Agenda for the two sessions

• Part 1: 10:30 – 12 noon
  – The theory of change for wraparound: What makes it work better for families?
  – Implementation: How we get from theory to practice
  – The role of measurement in implementation
  – What is fidelity measurement?
  – What is fidelity measurement in wraparound?
  – The measures of the Wraparound Fidelity Assessment System
    • Wraparound Fidelity Index
    • Team Observation Measure
    • Document Review Measure
  – Research on these tools
  – How you and your program or community can use them
Agenda for the two sessions

- Part 2: 1:30pm – 3:00pm
  - Building meaningful youth involvement into wraparound
  - Community and system supports for wraparound: An overview
  - Measuring system support for wraparound: How it is measured
  - Activity: Community Support Jeopardy!
  - Review of wraparound outcomes studies
Many online resources available from The National Wraparound Initiative

www.nwi.pdx.edu

Of particular interest to today’s participants: *The Resource Guide to Wraparound*

- Section 3: Theory and Research: Five Chapters
- Section 4: Wraparound Practice: Sixteen Chapters
Three Big Ideas for Session 1

- We need to move from principles to practice in doing wraparound
  - i.e., people who have the skills to accomplish the tasks that have been found to achieve outcomes
- The better we implement the practice, the better the outcomes will be for youth and families
- Measuring the quality of practice can help us accomplish both these goals:
  - Better fidelity
  - Better outcomes!

Implementing wraparound... as hard as...?
...brain surgery?
...landing a passenger plane on the Hudson?
Success!

Captain Sullenberger attributed it to:
- Teamwork
- Preparation
- Strict adherence to protocols
What leads to success in health care?

- **Knowledge** – Research and experience has provided us with information on “what works”
  - Evidence-based practice
  - Practice-based evidence

- **Competence** – Research and experience provide a solution, *and* we apply it correctly
  - Collecting and organizing information
  - Using information to make decisions
Knowledge: How does wraparound work?
What research tells us about practice, process and outcomes

Theory of change: Outline

- Ten Principles
  - Effective, values-based teamwork
- Phases and activities
- Participation in wraparound builds family capacities
- High quality, high fidelity wraparound process
- Services and supports work better, individually and as a “package”
- Positive child/youth and family outcomes
Wraparound Knowledge
Major “routes” to outcomes and implications

- Effective team process means team is more likely to meet its goals
- Good, value-driven wraparound process leads to outcomes because
  - Services and supports work better
  - Family gains in self-efficacy, self-perceptions, and coping
Applying the Wraparound Principles

1. Family voice and choice
2. Team-based
3. Natural supports
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths based
9. Persistence
10. Outcome-based

Walker, Bruns, Adams, Miles, Osher et al., 2004
Implementing the practice model: The Four Phases of Wraparound

- **Engagement and Support**
- **Team Preparation**
- **Initial Plan Development**
- **Implementation**
- **Transition**

**Time**
Phase 1: Engagement and Team Preparation

- Care Coordinator & Family Support Partner meets with the family to discuss the wraparound process and listen to the family’s story.
- Discuss concerns, needs, hopes, dreams, and strengths.
- Listen to the family’s vision for the future.
- Assess for safety and make a provisional crisis plan if needed.
- Identify people who care about the family as well as people the family have found helpful for each family member.
- Reach agreement about who will come to a meeting to develop a plan and where we should have that meeting.
Phase 2: Initial Plan Development

- Conduct first Child & Family Team (CFT) meeting with people who are providing services to the family as well as people who are connected to the family in a supportive role.

- The team will:
  - Review the family vision
  - Develop a Mission Statement about what the team will be working on together
  - Review the family’s needs
  - Come up with several different ways to meet those needs that match up with the family’s strengths

- Different team members will take on different tasks that have been agreed to.
Phase 3: Plan Implementation

- Based on the CFT meetings, the team has created a written plan of care.
- Action steps have been created, team members are committed to do the work, and our team comes together regularly.
- When the team meets, it:
  - Reviews Accomplishments (what has been done and what’s been going well);
  - Assesses whether the plan has been working to achieve the family’s goals;
  - Adjusts things that aren’t working within the plan;
  - Assigns new tasks to team members.
Phase 4: Transition

- There is a point when the team will no longer need to meet regularly.
- Transition out of Wraparound may involve a final meeting of the whole team, a small celebration, or simply the family deciding they are ready to move on.
- The family will get a record of what work was completed as well as a list of what was accomplished.
- The team will also make a plan for the future, including who the family can call on if they need help or if they need to re-convene their team.
- Sometimes transition steps include the family and their supports practicing responses to crises or problems that may arise.
How Do We Measure Competence?

• Example: Surgical Safety
  – 234 million operations each year
  – Many surgery complications and deaths are preventable
Deaths due to Medical Errors: U.S.

[Bar chart showing deaths by cause, with medical errors being the highest at 44,000, followed by auto accidents at 43,458, breast cancer at 42,297, and AIDS at 16,516.]

Measuring implementation in Surgery

• Sign In Checklist

  • Before the induction of anesthesia, members of the team orally confirm that:

  • The patient has verified his identity, surgical site, procedure, and consent

  • The surgical site is marked if appropriate

  • The pulse oximeter is on the patient and functioning

  • All members of the team are aware if the patient has an allergy

  • The patient’s airway and risk of aspiration have been evaluated and appropriate equipment is on hand

  • Appropriate access to blood and fluids are available.
Measuring implementation in Surgery

• Time out Checklist
  – Before incision, the entire team orally:
    • Confirms that all team members have been introduced by name and role
    • Confirms the patient’s identity, surgical site, and procedure
    • Reviews the anticipated critical events
    • Confirms that prophylactic antibiotics have been administered $\leq 60$ min before incision or that they are not indicated
    • Confirms that all essential imaging results are displayed in the room
Measuring implementation

• Sign Out Checklist
  – Before the patient leaves the operating room, the nurse reviews items aloud with the team:
    • Name of the procedure as recorded
    • That the needle, sponge, and instrument counts are complete
    • That the specimen is correctly labeled
    • Whether there are any equipment issues
  – The team reviews aloud the key concerns for recovery and patient care
## Results

### Complications

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical site infection</td>
<td>6.2</td>
<td>3.4</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Death</td>
<td>1.5</td>
<td>0.8</td>
<td>&lt; .01</td>
</tr>
</tbody>
</table>

### Process Measures

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic antibiotics given</td>
<td>56.1</td>
<td>82.6</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Orally confirming patient’s identity</td>
<td>54.4</td>
<td>92.3</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>
Implications

• What did the checklist accomplish?
  – Ensured similar information for all team members
  – Improved team communication
  – Improved consistency of care across teams
Why do we need implementation quality checks in Wraparound?

Studies indicate that Wraparound teams often fail to:

- Incorporate full complement of key individuals on the Wraparound team;
- Engage youth in community activities, things they do well, or activities to help develop friendships;
- Use family/community strengths to plan/implement services;
- Engage natural supports, such as extended family members and community members;
- Use flexible funds to help implement strategies
- Consistently assess outcomes and satisfaction.
Implementation with High Fidelity Requires…

State Support → County Context and Readiness → Organizational Supports

Program Evaluation → Staff Selection → Training

Performance Management → Supervision and Coaching
How might we measure implementation of wraparound???

- Have facilitators and team members fill out activity checklists
- Look at plans of care and meeting notes
- Sit in on and observe team meetings
- Interview the people who know—parents, youth, facilitators, program heads
Wraparound Fidelity Assessment System

www.wrapinfo.org or
http://depts.washington.edu/wrapeval

TOM – Team Observation Measure

WFI-4 – Wraparound Fidelity Index

CSWI – Community Supports for Wraparound Inventory

DRM - Document Review Measure
The Wraparound Fidelity Index, version 4

- Assesses implementation of the wraparound process through brief interviews with multiple respondents
  - Caregivers
  - Youths
  - Wraparound Facilitators
  - Team Members
- Found to possess good psychometric characteristics
  - Test-retest reliability
  - Inter-rater agreement
  - Internal consistency
- Used in research on wraparound
- Even more widely as a quality assurance mechanism by wrap programs
Items on the principles and core activities, organized by the 4 phases of wraparound

- **Engagement**: Did you select the people who would be on your youth and family team?
  - Principle = Team based

- **Planning**: Does the plan include strategies for helping your child get involved with activities in the community?
  - Principle = Community based

- **Implementation**: Does the team evaluate progress toward the goals of the plan at every team meeting?
  - Principle = Outcome based

- **Transition**: Will some members of your team be there to support you when formal wraparound is complete?
  - Principle = Persistence
### WFI Items: Engagement and Team Preparation Phase

#### Phase 1: Engagement

| 1. **CC** | When you first met your wraparound facilitator, were you given time to talk about your family's strengths, beliefs, and traditions?  
*Circle one: YES NO*  
Did this process help you appreciate what is special about your family?  
*Circle one: YES NO* | Yes | Sometimes | No |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES to both questions</td>
<td>YES to only the first question</td>
<td>NO to the first question</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. <strong>FVC</strong></th>
<th>Before your first team meeting, did your wraparound facilitator fully explain the wraparound process and the choices you could make?</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. <strong>SB</strong></th>
<th>At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past for your child and family?</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. <strong>TB</strong></th>
<th>Did you select the people who would be on your wraparound team?</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. <strong>TB</strong></th>
<th>Is it difficult to get agency representatives and other team members to attend team meetings when they are needed?</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. <strong>OB</strong></th>
<th>Before your first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family?</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Q1. Were you given time to talk about your family's strengths, beliefs, and traditions?
   True - 10    Partly True - 3    Not True - 2

Q2. Did your facilitator fully explain wraparound & the choices you could make?
   True - 9    Partly True - 4    Not True - 2

Q3. Did you have a chance to tell your wraparound facilitator what has worked in the past for your child and family?
   True - 7    Partly True - 4    Not True - 4

Q4. Did you select the people who would be on your wraparound team?
   True - 7    Partly True - 4    Not True - 4

Q5. Is it difficult to get team members to meetings when they are needed?
   True - 9    Partly True - 3    Not True - 3

Q6. Did you go through a process of identifying what leads to crises for your family?
   True - 8    Partly True - 3    Not True - 4
Team Observation Measure

- The Team Observation Measure (TOM) is employed by external evaluators to assess adherence to standards of high-quality wraparound during team meeting sessions.
- It consists of 20 items, with two items dedicated to each of the 10 principles of wraparound.
- Each item consists of 3-5 indicators of high-quality wraparound practice as expressed during a child and family team meeting.
- Internal consistency very good
- Inter-rater reliability found to be adequate (Average 79% agreement for all indicators)
# Sample TOM report:

## Most frequently observed TOM indicators

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Pct.</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>The team's mission and/or needs support the youth's integration into the least restrictive residential and educational environments possible</td>
<td>96%</td>
<td>.208</td>
</tr>
<tr>
<td>1a</td>
<td>Parent/caregiver is a team member and present at meeting</td>
<td>92%</td>
<td>.266</td>
</tr>
<tr>
<td>12e</td>
<td>Members of the team use language the family can understand</td>
<td>92%</td>
<td>.271</td>
</tr>
<tr>
<td>18d</td>
<td>Serious challenges are discussed in terms of finding solutions, not termination of services or sanctions.</td>
<td>91%</td>
<td>.288</td>
</tr>
<tr>
<td>3a</td>
<td>There is a written agenda or outline for the meeting, which provides an understanding of the overall purpose of meeting</td>
<td>89%</td>
<td>.320</td>
</tr>
<tr>
<td>11e</td>
<td>Talk is well distributed across team members and each team member makes an extended or important contribution</td>
<td>89%</td>
<td>.320</td>
</tr>
<tr>
<td>18e</td>
<td>There is a sense of openness and trust among team members</td>
<td>89%</td>
<td>.320</td>
</tr>
<tr>
<td>20d</td>
<td>Serious behavioral challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments</td>
<td>89%</td>
<td>.332</td>
</tr>
</tbody>
</table>
## Sample TOM report:
**Least frequently observed TOM indicators**

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Pct</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>In designing strategies, team members consider and build on strengths of the youth and family</td>
<td>28%</td>
<td>.458</td>
</tr>
<tr>
<td>13b</td>
<td>The team assesses goals/strategies using measures of progress</td>
<td>26%</td>
<td>.446</td>
</tr>
<tr>
<td>5d</td>
<td>The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>7c</td>
<td>Community team members and natural supports have a clear role on the team</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>14a</td>
<td>The team conducts a systematic review of members' progress on assigned action steps</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>19a</td>
<td>The team is actively brainstorming and facilitating community activities for the youth and family</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>8b</td>
<td>The plan of care represents a balance between formal services and informal supports</td>
<td>17%</td>
<td>.380</td>
</tr>
<tr>
<td>1c</td>
<td>Key natural supports for the family are team members and present</td>
<td>11%</td>
<td>.362</td>
</tr>
</tbody>
</table>
Document Review Measure

- Consists of 20 items
- Each wraparound principle linked to 3 items
- Scale = 0-4, with criteria for each point on the scale
- Source material = documentation (electronic or paper) related to youth’s wraparound process
  - Strengths, needs, culture discovery documentation
  - Wraparound plan of care
  - Crisis plan
  - Transition plan
  - Progress notes
What else can we do?

• Take the monitoring example to the wraparound team level
  – Develop a “dashboard” with key outcomes and processes to track
  – Things you can measure:
    • Core outcomes (Residential, school, staying out of trouble)
    • The team’s goals and progress toward them
    • Social connectedness of the youth and family
    • How well the team thinks it is functioning
  – The NWI is currently working on this...
What is the connection between fidelity and outcomes with wraparound?

- Families who experience better outcomes have staff who score higher on fidelity tools (Bruns, Rast et al., 2006; Effland, McIntyre, & Walton, 2010)

- Wraparound initiatives with positive fidelity assessments demonstrate more positive outcomes (Bruns, Leverentz-Brady, & Suter, 2008)
# Relationship between WFI fidelity and outcome

<table>
<thead>
<tr>
<th>Level of Wraparound Fidelity</th>
<th># of Youth with at least one WFI &amp; CANS outcomes</th>
<th>% with Reliable Improvement In CANS score</th>
</tr>
</thead>
<tbody>
<tr>
<td>High (&gt;85%)</td>
<td>28</td>
<td>82.1</td>
</tr>
<tr>
<td>Adequate (75-85%)</td>
<td>41</td>
<td>65.9</td>
</tr>
<tr>
<td>Borderline (65-75%)</td>
<td>13</td>
<td>69.2</td>
</tr>
<tr>
<td>Not Wraparound (&lt;65%)</td>
<td>9</td>
<td>55.6</td>
</tr>
</tbody>
</table>

Effland, McIntyre, & Walton, 2010
What does it take to get high fidelity scores?

- Training and coaching found to be associated with gains in fidelity and higher fidelity
- Communities with better developed supports for wraparound show higher fidelity scores
  - *Measuring* fidelity is a major part of the community’s effort to *maintain* high fidelity
    - “What gets measured gets done”
    - Who should be involved?
      - Trainers and coaches, supervisors, evaluators and community teams
In Part 2 of our session…

System

Organizations

Effective Team
Process + Principles +Skills
Also in part 2...

- Youth participation in wraparound
- Achieve My Plan!
- Outcomes of wraparound from national studies
Resources and Websites

- **www.nwi.pdx.edu**
- **www.wrapinfo.org** – Portal to
  - The Resource Guide to Wraparound
  - Website of the National Wraparound Initiative (NWI)
  - Wraparound Evaluation and Research Team (WERT) – wraparound fidelity tools
- Other wraparound resources:
  - **www.Paperboat.org**
  - [http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm](http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm)
  - **www.tapartnership.org**
  - **www.systemsofcare.samhsa.gov**
The National Wraparound Initiative is based in Portland, Oregon. For more information, visit our website:

www.nwi.pdx.edu

The National Wraparound Initiative is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services.